

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045026

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **152**

VS 300
Rev. 4/59

10890

26001

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1963

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond township		c. CITY OR TOWN Excelsior Springs	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mile W. on Hiway #10		d. STREET ADDRESS (If outside, give location) 306 North Main	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle CARTER Last BROWN		4. DATE OF DEATH Month Nov. Day 16, Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 1 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Excelsior Springs, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN C. BROWN		13b. MOTHER'S MAIDEN NAME Evelyn E. Allen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) No		17. INFORMANT Address Anna Price, Excelsior Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head & Chest injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto accident DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head-on collision of automobiles	
20c. TIME OF INJURY Hour 6:15 a.m. p. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/2 mi. W. on Hiway 10		20f. CITY, TOWN, OR LOCATION Richmond	COUNTY Ray STATE MO
21. I attended the deceased from 6:15 p. to 6:15 p. and last saw her alive on 11/16/1963 Death occurred at 6:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Don Hoffman Coroner		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 11/16/1963			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/1963	23c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	
23d. LOCATION (City, town, or county) Plattsburg, Mo.		(State)	
24. FUNERAL DIRECTOR Prichard Funeral Home, Excelsior Spgs.,		25. DATE RECD. BY LOCAL REG. 11/18/1963	
26. REGISTRAR'S SIGNATURE Malcolm Jackson			

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

of _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lindsey Jarman

Licensed Embalmer No. 1589

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

OP 20
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